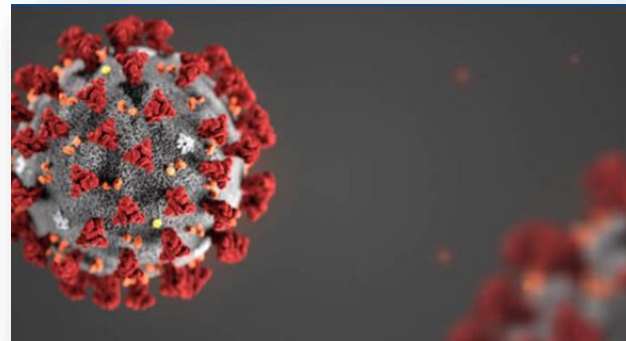# An Update for NYS Healthcare Providers on COVID-19

April 2, 2020

Elizabeth Dufort, MD, FAAP
Medical Director, Division of Epidemiology
New York State Department of Health

Agenda

- Global, National, New York State Updates

- Testing Update

- New Isolation Discontinuation Guidance

- Community Mitigation

- Telehealth

- Healthcare System Surge Response

- Brief Treatment Overview

- Resources

- Pre-planned Q & A: Chat box not feasible with level of attendance
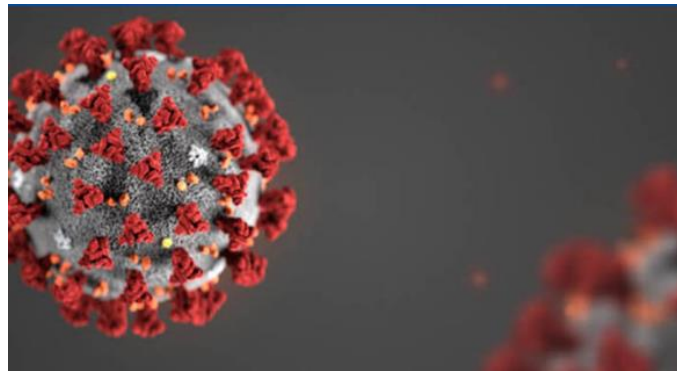
Upcoming Calls

Update: Future weekly calls will be held in April on Thursdays 1-2 PM

- **Recordings will be available immediately:** [NYSDOH COVID-19 Healthcare Provider website](#)

- In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH

- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)

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Disclaimer

- The situation is rapidly evolving, as is our understanding of this new virus.

- All of the information presented is based on our best knowledge as of <u>today</u>.

Situation Summary: COVID-19 Global, 4/1/2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Region	Confirmed Cases	Deaths
Global	823,626	40,598
Western Pacific	106,422	3701
European	464,212	30,089
South-East Asia	5175	195
Eastern Mediterranean	54,281	3,115
Africa	4,073	91
Americas	188,751	3115

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COVID-19 CDC Travel Recommendations by Country
www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
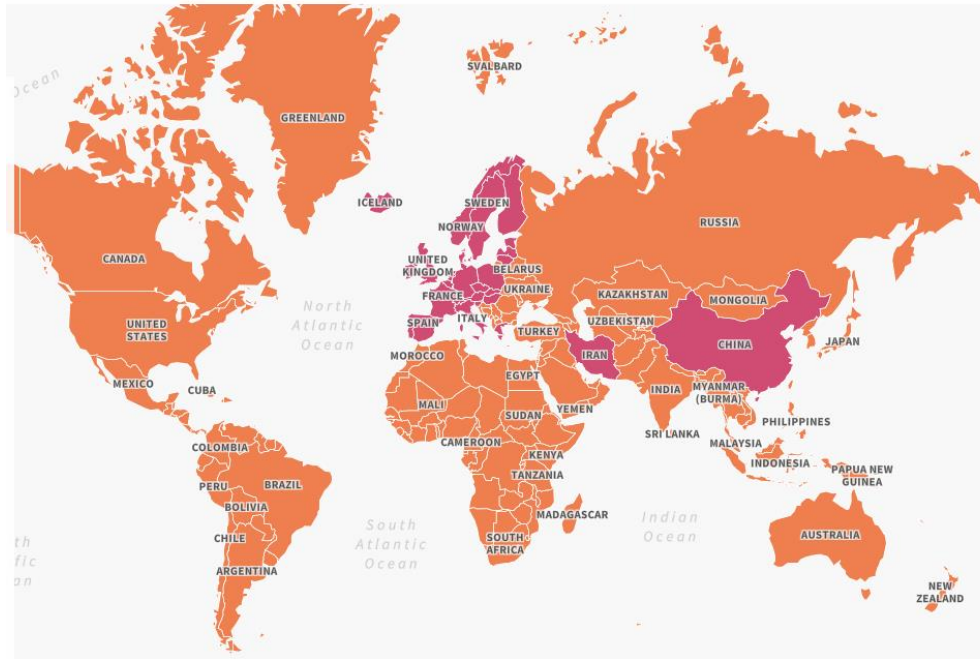
- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Global Pandemic

Situation Summary: Covid-19 U.S. (April 1, 2020)
www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

States Reporting Cases of COVID-19 to CDC*

Reported Cases

(last updated April 1, 2020)

- ○ None
- ○ 1 to 5
- ○ 6 to 50
- ○ 51 to 100
- ○ 101 to 500
- ○ 501 to 1000
- ○ 1001 to 5000
- ○ 5001 or more
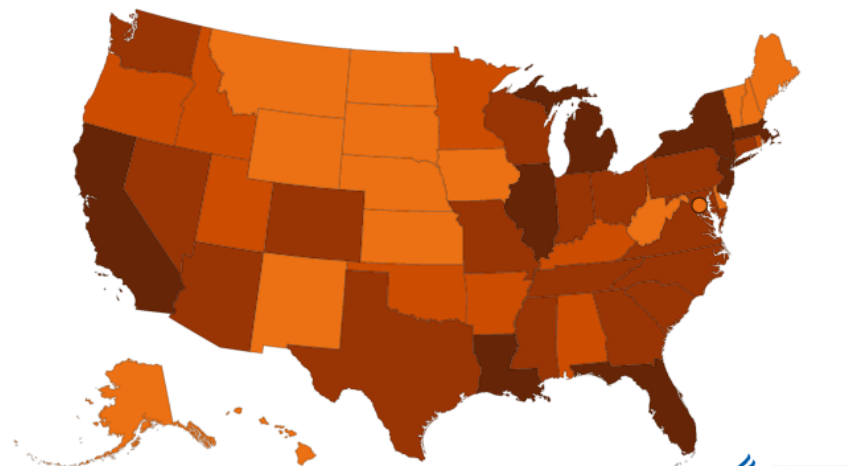
Territories | AS | GU | MH | FM | MP | PW | PR | VI

- **Total cases:** 186,101
- **Total deaths:** 3,603
- All 50 states plus, Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands and Washington DC all reporting cases
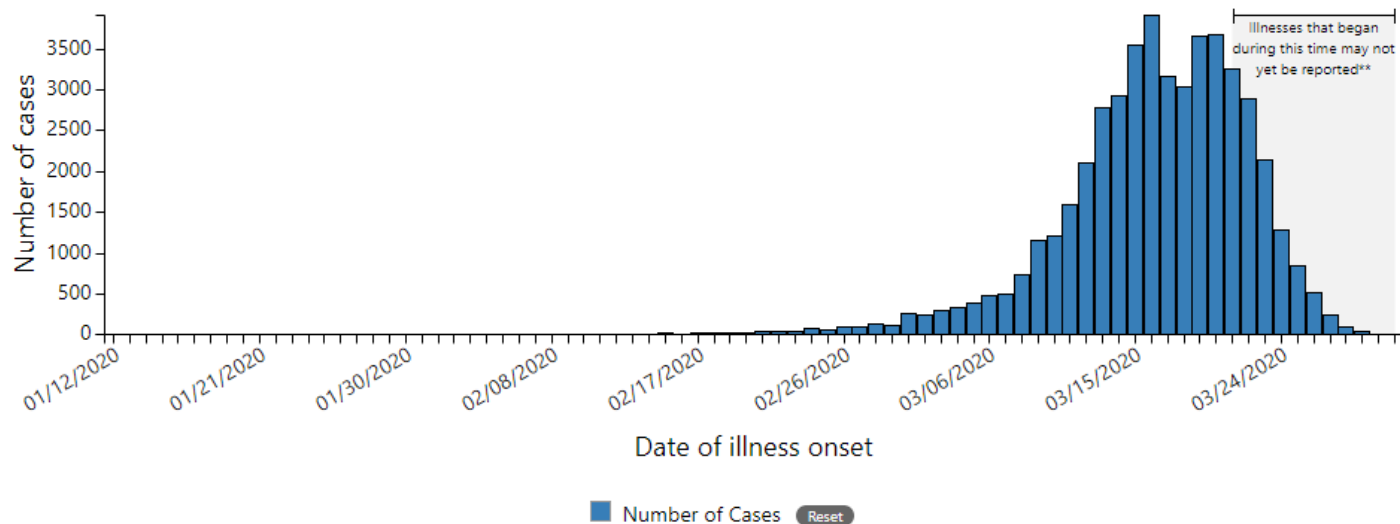
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Situation Summary: Covid-19 U.S.
www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 31, 2020, at 4pm ET (n=47,923)*

Illnesses that began during this time may not yet be reported**

Number of cases

Date of illness onset

Number of Cases   Reset

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STATE

Situation Summary: Covid-19 U.S.

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to March 31, 2020, at 4pm ET (n=186,101)*†
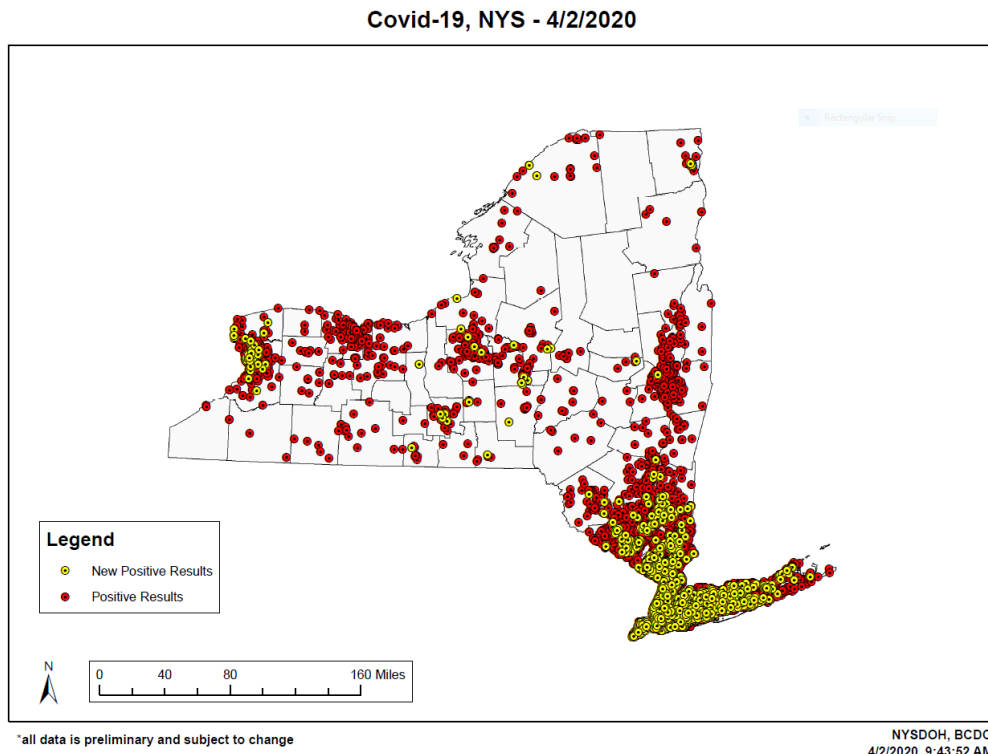

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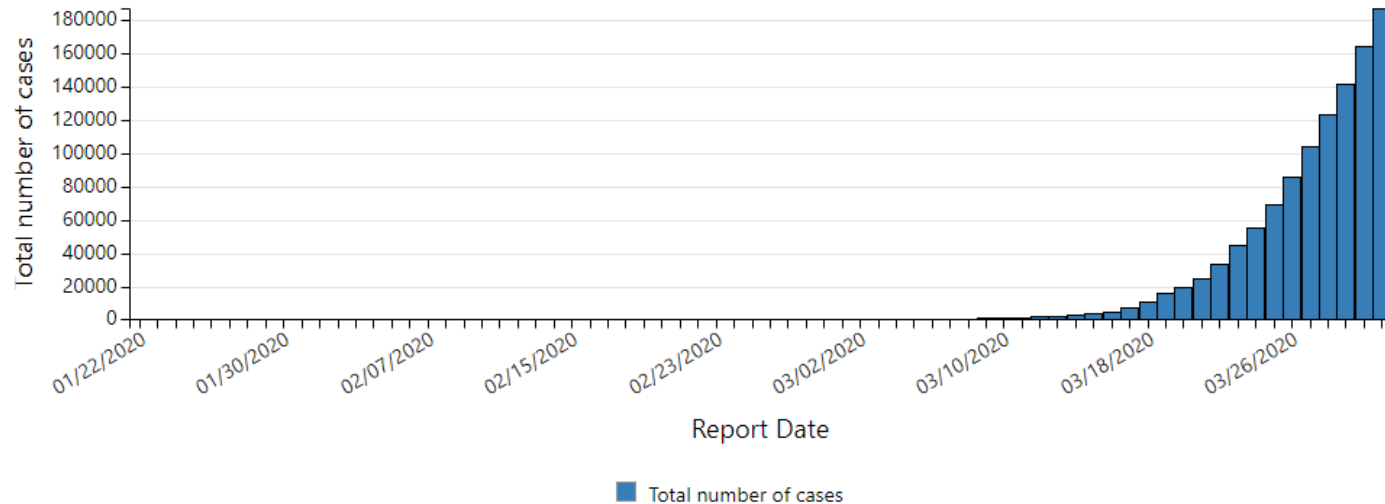
Situation Summary: COVID-19 New York State

Full table can be found at: NYSDOH COVID-19 website

As of April 2, 2020
- **Total number of positive cases: 92,381**
- All 57 counties + NYC with confirmed cases
- Top five jurisdiction case counts (*April 2 am*):
    - NYC: 47,439
    - Westchester: 10,683
    - Nassau: 9,554
    - Suffolk: 7,605
    - Rockland: 3,321

Covid-19, NYS - 4/2/2020

Legend
- New Positive Results
- Positive Results

0   40   80   160 Miles

*all data is preliminary and subject to change

NYSDOH, BCDC
4/2/2020, 9:43:52 AM

COVID-19 New York State

- Testing updates
  - 238,965 people have been tested statewide in total to-date
    - Yesterday 18,031 people in NYS were tested

  - **92,381 tested positive**
    - **8,669 new cases tested positive yesterday**
    - 51,809 positive in NYC
    - 40,572 outside of NYC

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COVID-19 New York State

- Out of the 92,381 tested positive

- Current hospitalizations:
    - 13,383 currently hospitalized (*increase of 1,157 since yesterday*)
        - 3,396 ICU patients (*increase of 374*)

- 7,434 have been discharged from the hospital (*increase of 1,292*)

- Deaths
    - 2,373 (*increase of 432*)
    - Note: 285 (*one week ago*)

Telehealth Discussions with Your Patients

- **First discussion on testing → TELEHEALTH**

- **TELEHEALTH SLIDES TO FOLLOW**

Alternative Specimen Collection Sites for COVID-19 Testing

- For patients who may have COVID-19 but do not require clinical care either in an outpatient or inpatient healthcare setting, the NYSDOH recommends that healthcare providers (HCPs) seek out alternative specimen collection sites in your area.

- Alternative specimen collection sites facilitate collection of samples in a setting that maintains the safety of the staff and other patients, allows the patient ease of access to specimen collection, and relieves the burden on healthcare facilities.

  - The NYSDOH alternative specimen collections sites are available in areas with significant community transmission, with plans for expansion.

  - Call the NYSDOH COVID-19 Hotline (888-364-3065) or your LHD for information on sites in your area or check public health website(s) for information on local testing sites.

  - Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population and community.

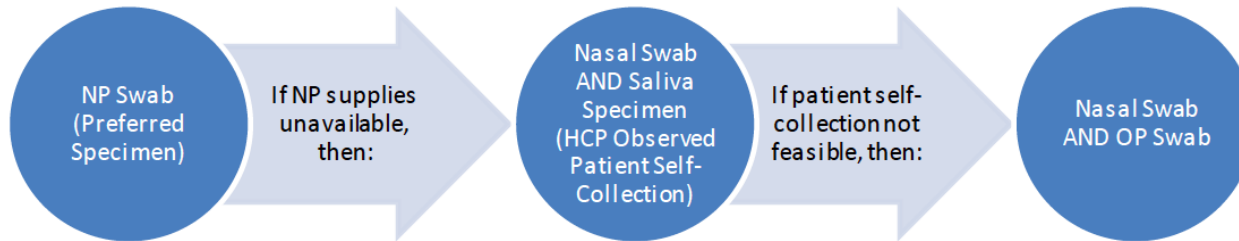NEW YORK STATE | Department of Health

Testing for COVID-19

- **Ideal**: Collect a **nasopharyngeal (NP) swab** for initial diagnostic testing for COVID-19 placed in a Viral Transport Media (VTM), Molecular Transport Media (MTM), or Universal Transport Media (UTM)

- Oropharyngeal swab and sputum are no longer recommended for initial testing.

- Sputum or lower respiratory specimens such as bronchoalveolar lavage (BAL) or tracheal aspirate testing may be considered, as clinically appropriate, and can be sent to a commercial or clinical laboratory. Collection of sputum should only be done for those patients with a productive cough. Induction of sputum is not recommended.

- HOWEVER… IF there are supply chain issues…

Testing for COVID-19

- **April 1st update**
- This update further extends previous recommendations that nasal and oropharyngeal swab specimen collection is an acceptable alternative with recommendations for the collection of:
  - (1) nasal swab

  AND

  - (1) saliva specimen
- **<u>Healthcare personnel (HCP) observed patient self-collection</u> for specimens submitted to Wadsworth Center,** if nasopharyngeal (NP) supplies are unavailable

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Testing for COVID-19

Recommended COVID-19 Specimen Collection for Wadsworth Center Testing:

NP Swab (Preferred Specimen) → If NP supplies unavailable, then: → Nasal Swab AND Saliva Specimen (HCP Observed Patient Self-Collection) → If patient self-collection not feasible, then: → Nasal Swab AND OP Swab

- **If using a laboratory other than the Wadsworth Center**, follow the laboratory's guidance for all specimen collection, handling, and transport processes, including whether nasal swab AND saliva specimen, or nasal swab AND OP swab specimen collection methods are acceptable alternatives to an NP swab

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Testing for COVID-19

- Nasal swab AND saliva specimen may be done through patient self-collection with HCP instruction and observation.

- *Nasal swab*: Instruct the patient to insert the swab less than one inch into their anterior nostril and rotate several times against nasal wall. Repeat in the other nostril using the same swab. Place in a vial containing at least 1.5-2.0mL of liquid media (VTM, MTM, or UTM) and **tightly** secure the cap.

- *Saliva specimen*: Instruct patient to spit at least 3.0mL of saliva into an empty sterile specimen container, which may be a vial, tube or cup, that can be securely closed. **Tightly** secure the cap.

- Package both the nasal swab vial and saliva specimen together, with the appropriate paperwork for shipment, to the lab in accordance with NYSDOH Wadsworth Center specimen collection, storage, and packaging guidance.

- NOTE: The nasal swab and saliva specimens must be transported to Wadsworth Center **within 24 hours** of specimen collection.

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Testing for COVID-19

- HCP Personal Protective Equipment (PPE):

- The ease of sampling for this specimen protocol allows for the patient to collect the specimens while the HCP provides instruction and observes the collection from a distance of 6 feet or greater.

- Accordingly, as the exposure risk for the HCP to respiratory secretions is minimized, the HCP observing the sampling should wear a facemask and gloves, as well as eye protection, if available (face shield or goggles).

- NOTE: These PPE recommendations do **NOT** apply if the HCP is directly collecting the specimen (whether NP, nasal, or OP). If the HCP is directly performing the specimen collection, then previously issued guidance regarding PPE recommendations for HCP specimen collection should be followed.

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Testing for COVID-19

- <u>For all swabs (NP, nasal, and OP):</u>

- Flocked swabs are preferred as they provide better specimen recovery.
- Sterile dacron or rayon swabs with plastic or flexible metal handles may also be used. These are the same types of swabs and media used for influenza PCR testing.
- Do NOT use cotton or calcium alginate swabs or swabs with wooden sticks, as they contain substances that inactivate some viruses and inhibit PCR.

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Testing for COVID-19

Further testing guidance can be found on the NYSDOH COVID-19 website including:

1. Specimen collection, storage, and packaging guidance.

2. The Wadsworth Center Infectious Disease Requisition (IDR) form. This form must be filled out for each patient and sent to the Wadsworth Center with the specimen.

3. A packaging and transport checklist.

Nasal Swab:

1. Tilt patient's head.
2. While gently rotating the swab, insert swab less than one inch into nostril (if you meet a point of resistance at turbinates – do **NOT** advance further).
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Withdraw the swab and place into the same viral transport media vial as the OP swab. Make sure liquid medium covers the swab tip.
5. Break or cut the end of the swab and screw the vial lid on <u>tightly</u>.
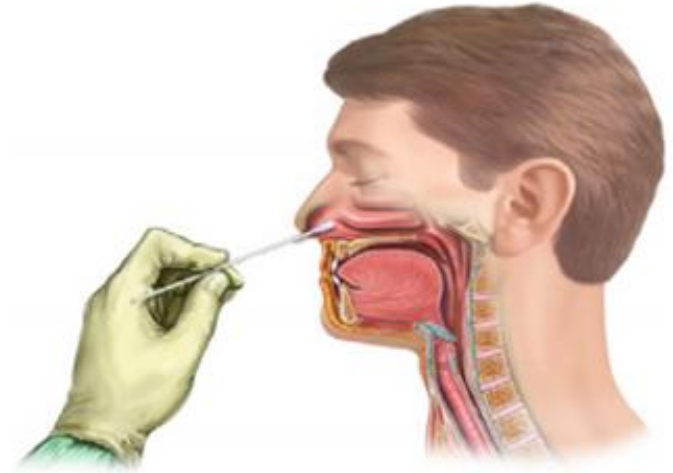
Figure 1

Taking a sample from the nasal passage

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Difference between nasal swab vs nasopharyngeal (NP) swab sample collection

INCORRECT – This image shows nasopharyngeal swab placement, which should not be performed with the supplies provided in this kit

CORRECT nasal swab placement
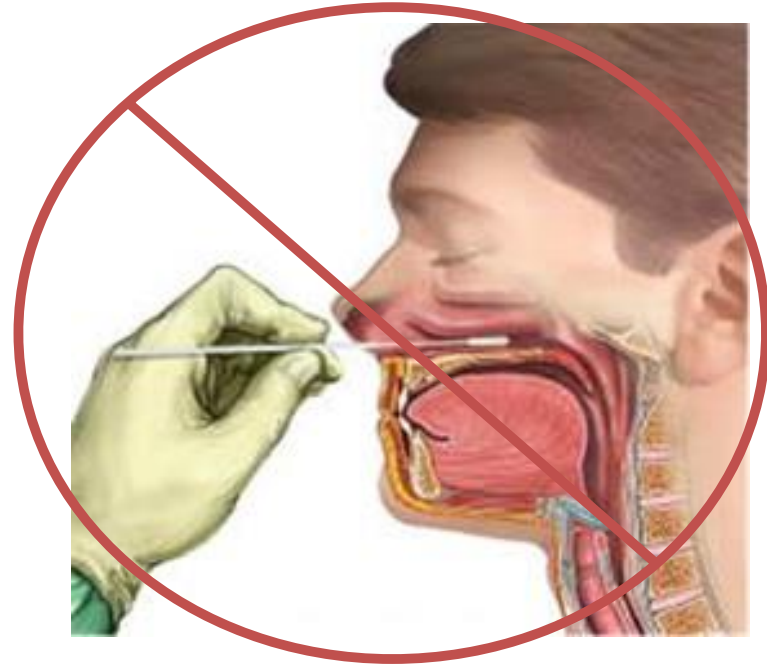
CDC Guidance Infection Prevention and Control – Specimen Collection

- When collecting diagnostic respiratory specimens directly (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:
    - HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown.
    - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
    - Specimen collection should be performed in a normal examination room with the door closed.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below

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Commercial Testing

- When forwarding specimens to commercial laboratories (e.g. LabCorp or Quest), **all** patient demographic information must be provided to the laboratory with the corresponding specimen.

- This information is needed to promptly route the test result to the correct local health department for investigation.

- Failure to include a full patient address severely impacts the ability the ability of public health to intervene and slow the spread of COVID disease.

- The information includes, at minimum: Patient's name, Date of Birth, Sex, Address, Patient Phone number, County of Residence, Type and Source of Specimen, Date Collected, and Physician's Name.

- In addition, the Physician's Address and Telephone Number should be reported so that public health may complete the investigation.

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Available Molecular Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

- There are 22 PCR-based assays for SARS-CoV-2 that have been approved under the FDA's EUA process
- The majority of these are assays that can be used in a high-complexity laboratory
- One is a waived assay
- One is also point-of-care
- There are many supply chain issues

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Available Serology Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

- Antibody-based assays are being developed at multiple labs but are not yet widely available
- There is **one** assay that is FDA approved
- There are 51 serology assays listed on the FDA website
- **These are NOT FDA reviewed, nor approved**
- Be aware of these disclaimers if you use these tests
  - Educate about antibody test characteristics
  - This test has not been reviewed by the FDA.
  - Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
  - Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
  - Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E

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Available Testing

www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2

Home testing?

- At this time, the FDA has not authorized any test that is available to purchase for testing at home for COVID-19

- The FDA sees the public health value in expanding the availability of COVID-19 testing through safe and accurate tests that may include home collection, and are actively working with test developers in this space

NYSDOH Isolation and Quarantine

- **Healthcare providers must advise patients undergoing testing for COVID-19 to self-isolate until testing is resulted and COVID-19 is ruled out.**

- **If COVID-19 testing results are positive, patients must be continued on mandatory isolation. See** [CDC patient handout on self-isolation](#) **on self-isolation.**

- IF a patient was on mandatory or precautionary quarantine when tested and results for COVID-19 are negative, healthcare providers must advise patients to continue quarantine until 14 days after last travel or exposure to a known case (per public health authorities).

- If a patient was not previously on quarantine and was tested for illness consistent with COVID-19, once the result is negative and COVID-19 is ruled out, the patient may be advised that they need not be on quarantine.

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Release From Home Isolation

Updated March 28th

RELEASE OF <u>SYMPTOMATIC</u> INDIVIDUALS ON ISOLATION

- Symptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation once they meet the following conditions:
  - ➤ At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications;

    AND

  - ➤ Improvement in respiratory symptoms (e.g., cough, shortness of breath);

    AND

  - ➤ At least 7 days have passed *since symptoms first appeared*.

- This approach will prevent most, but may not prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness.
- To further reduce the risk, individuals returning from isolation should continue to practice proper hygiene protocols (e.g., hand washing, covering coughs) and avoid prolonged, close contact with vulnerable persons (e.g. compromised immune system, underlying illness, 70 years of age or older).

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Release From Home Isolation

RELEASE OF <u>ASYMPTOMATIC</u> INDIVIDUALS ON ISOLATION

- Asymptomatic individuals who were confirmed as having COVID-19 may discontinue home isolation under the following conditions:

  ➢ At least 7 days have passed *since the date of their first positive COVID-19 diagnostic test*;

  AND

  ➢ The individual has had no subsequent illness.

- <u>Note (for symptomatic or asymptomatic):</u> Release of immunocompromised persons with COVID-19 from isolation (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) should be discussed in advance with NYSDOH.

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Release From Home Isolation – <u>Essential Workers</u>

Updated March 31st

- Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations

- Essential services or functions include but are not limited to public health personnel, utility and water operators, skilled manufacturers and supporting supply chains, transportation infrastructure, law enforcement, and emergency response personnel.

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Release From Home Isolation – <u>Essential Workers</u>

Essential personnel who have **been <u>exposed to</u> a confirmed or suspected case of COVID-19** can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would not be feasible for job duties;

2. Personnel are **asymptomatic**;

3. Personnel quarantine themselves when not at work;

4. Personnel undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (take temperature, assess for symptoms) twice a day when at home;

5. Personnel required to interact with individuals within 6 feet should wear facemask while working for 14 days following the last exposure;

Release From Home Isolation – <u>Essential Workers</u>

6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;

7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and

8. Testing should be prioritized for essential personnel with symptoms.

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Release From Home Isolation – Essential Workers

Essential personnel <u>with</u> **confirmed or suspected COVID-19** may be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;

2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;

3. Personnel who are recovering from COVID-19, and return to work, must wear a facemask for 14 days following onset of illness.

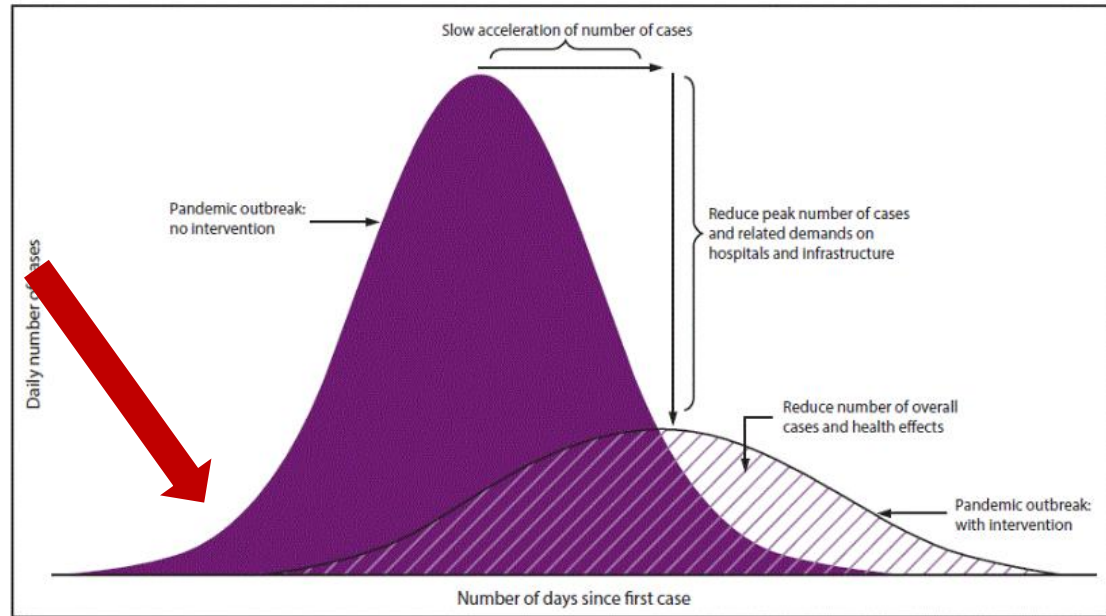|			OK to return to work?	Self Monitor?	Mask use?	Other work conditions?	While at home?	Clearance from isolation and/or
Essential Healthcare Workers	Isolation (Confirmed Case—symptomatic or asymptomatic)		Yes, if masking would impact ability of facility to operate; Not until 7 days after illness onset, must have been fever-free for 72 hours without use of antipyretics	Yes, for re-occurrence of symptoms once cleared	Yes, until 14 days after symptom onset	Shift responsibilities to care for lower risk patients if possible	n/a, at this point no longer isolation	At least 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in respiratory symptoms)
	Isolation (Suspect Symptoms Without Contact to Known Case, No Testing)		Yes, if masking would impact ability of facility to operate; Not until 7 days after illness onset, must have been fever-free for 72 hours without use of antipyretics	Yes, for re-occurrence of symptoms once cleared	Yes, until 14 days after symptom onset	Shift responsibilities to care for lower risk patients if possible	n/a, at this point no longer isolation	Once test results came back negative, or 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in symptoms)
	Quarantine (Contact With Confirmed or Probable Case)	Symptomatic	Not until tested, or follow guidelines for isolation					14 days from last exposure to confirmed or probable case; if test positive or deemed a probable case, move to isolation
		Asymptomatic	Yes, if masking would impact ability of facility to operate	Yes, temp and symptom checks at beginning of shift and/or 12 hours intervals	Yes, while working	Shift responsibilities to care for lower risk patients if possible; co-use work at home	Maintain quarantine conditions	14 days from last exposure to confirmed or probable case
Other Essential Service Workers	Isolation (Confirmed Case—symptomatic or asymptomatic)		If essential functions of position are not able to be performed from home; Not until 7 days after illness onset, must have been fever-free for 72 hours without use of antipyretics	Yes, for re-occurrence of symptoms once cleared	Yes, until 14 days after symptom onset	Adjust workspace to stay more than 6 feet away from coworkers/customers if possible	n/a, at this point no longer isolation	At least 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in respiratory symptoms)
	Isolation (Suspect Symptoms Without Contact to Known Case, No Testing)		If essential functions of position are not able to be performed from home; Not until 7 days after illness onset, must have been fever-free for 72 hours without use of antipyretics	Yes, for re-occurrence of symptoms once cleared	Yes, until 14 days after symptom onset	Adjust workspace to stay more than 6 feet away from coworkers/customers if possible	n/a, at this point no longer isolation	Once test results came back negative, or 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in symptoms)
	Quarantine (Contact With Confirmed or Probable Case)	Symptomatic	Not until tested, or follow guidelines for isolation	If illness requires medical care, contact provider or local health department before visiting provider			Maintain quarantine conditions	14 days from last exposure to confirmed or probable case; if test positive or deemed a probable case, move to isolation
		Asymptomatic	Yes, if masking would impact ability of facility to operate and if essential functions of position are not able to be performed from home	Yes, temp and symptom checks at beginning of shift and/or 12 hour intervals; monitor at home	Yes, if position requires interaction with individuals closer than 6 feet	Adjust workspace to stay more than 6 feet away from coworkers/customers when not wearing a mask; co-use work if became ill	Maintain quarantine conditions	14 days from last exposure to confirmed or probable case
Non-Essential Workers, General Public	Isolation (Confirmed Case—symptomatic or asymptomatic)		No	If illness requires medical care, contact provider or local health department before visiting provider	Yes, if at home with others and have a mask	Follow isolation guidance	Follow isolation guidance	At least 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in respiratory symptoms)
	Isolation (Suspect Symptoms Without Contact to Known Case, No Testing)		No	If illness requires medical care, contact provider or local health department before visiting provider	Yes, if at home with others and have a mask	n/a	Follow isolation guidance	Once test results came back negative, or 7 days have passed since onset of symptoms, AND 72 hours have passed since recovery (resolution of fever and improvement in symptoms)
	Quarantine (Contact With	Symptomatic	No	If illness requires medical care, contact provider or local health	Yes, if at home with others and have a mask	n/a	Follow quarantine guidance	14 days from last exposure to confirmed or probable case; if test positive or deemed a

Goals for Community Mitigation Measures

- Delay exponential growth in cases
  - Provide more time for preparation
  - Allow flu season to end
- Decrease height of the peak
  - Eases peak demand on healthcare and public health systems
- Reduce total number of cases

FIGURE 1. Goals of community mitigation for pandemic influenza

Slow acceleration of number of cases

Pandemic outbreak: no intervention

Reduce peak number of cases and related demands on hospitals and infrastructure

Reduce number of overall cases and health effects

Pandemic outbreak: with intervention

Daily number of cases

Number of days since first case

Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. https://stacks.cdc.gov/view/cdc/11425.

NYS Community Mitigation

- **NYS Pause extended for through April 15th**

- Closed schools, universities, casinos, gyms, theaters, bars, restaurants, retail shopping malls, amusement parks, bowling alleys are closed until further notice

- Reduce street density

- Only essential services and businesses stay open

  - The executive order exempts essential service industries, including shipping, media, warehousing, grocery and food production, pharmacies, healthcare providers, utilities, banks and related financial institutions, gas stations, and other industries critical to the supply chain

- In addition to closures, no social gatherings

- **NYC playgrounds closed, however, open spaces will remain open**

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Other Updates

- New Yorkers without health insurance can apply through **NY State of Health** through **April 15th, 2020**

- **NYS COVID-19 Paid Sick Leave Law here:** www.governor.ny.gov/programs/paid-sick-leave-covid-19-impacted-new-yorkers

- Federal small business guidance and loan resources

Infection Prevention and Control

**Emily Lutterloh, MD, MPH
Director, Bureau of Healthcare
Associated Infections
NYSDOH**

Release From Home Isolation – <u>Healthcare Workers</u>

Updated March 31ˢᵗ

- Entities may allow healthcare personnel (HCP) who have **been <u>exposed to a</u> confirmed or suspected case of COVID-19,** or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:

  1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity
  2. **Asymptomatic**
  3. Self-monitor twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift
  4. Wear a facemask while working, for 14 days after last exposure

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Release From Home Isolation – <u>Healthcare Workers</u>

5. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.

7. If symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results

Release From Home Isolation – <u>Healthcare Workers</u>

- Entities may request healthcare personnel (HCP) <u>with **confirmed or suspected COVID-19,**</u> whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:

  1. Furloughing such HCP for the entire 14-day quarantine period would result in staff shortages that would adversely impact operation of the healthcare entity.

  2. <u>Isolation for at least 7 days after illness onset</u>, must have been fever-free for at least 72 hours without the use of anti-pyretics, and must have other symptoms improving.

  3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving. There are concerns that a COVID-19 positive, asymptomatic HCP may be pre-symptomatic and there are growing concerns about transmission of COVID-19 from asymptomatic, infected individuals.

  4. Staff who are recovering from COVID-19 and return to work after seven days should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.

NEW YORK STATE | Department of Health

Release From Home Isolation – <u>Healthcare Workers</u>

5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. In the **rare** instance when an HCP, with unique or irreplaceable skills critical to patient care, is affected by COVID-19, the healthcare entity may contact NYSDOH to discuss alternative measures to allow such HCP to safely return to work before seven days have elapsed.

HCP who are furloughed due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

NEW YORK STATE | Department of Health

Infection Prevention and Control

- If COVID-19 is suspected, HCP should **IMMEDIATELY**
  - Implement infection control precautions as directed by CDC's [Interim Infection Prevention and Control Recommendations for COVID-19 in Healthcare Settings](#).

- Contact your Infection Preventionist or Infection Control Lead

COVID-19 Healthcare System Surge

Marcus Friedrich, MD, MHCM, MBA, FACP
Chief Medical Officer, Office of Quality and
Patient Safety
NYSDOH

NEW YORK STATE OF OPPORTUNITY. | Department of Health

COVID-19 Healthcare Surge Response

- Telehealth

- New York City Hospital Surge

- Volunteering

- Advanced Directives
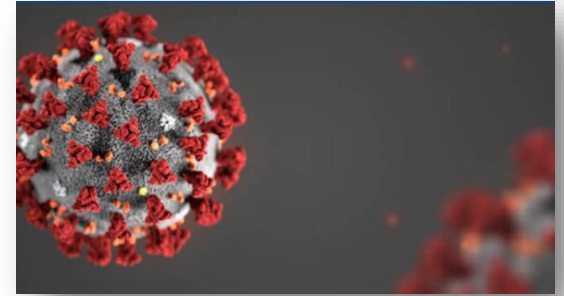
COVID-19 Telehealth Services

- To the extent it is practical, the Department encourages the use of telehealth to provide COVID-19 related services.

- The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.

NEW YORK STATE | Department of Health

Encouraging Use of Telehealth Services During COVID-19 National Emergency

- Effective immediately, Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) **will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules** against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any **non-public facing** remote communication product that is available to communicate with patients.

  - **Acceptable Examples (non-public facing):** Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype

  - **Unacceptable (public facing):** Facebook Live, Twitch, TikTok

Telehealth Services During COVID-19 - Medicaid

- FAQ provides additional clarification regarding face-to-face visits, telemedicine, telephonic, and other forms of remote care provision

- Posted on the [COVID-19 Guidance for Medicaid Providers webpage](#), which is updated regularly with guidance and information

- NYSDOH will host a webinar to explain the Telehealth and Telephonic guidance and take questions (*a separate notice with details regarding the webinar is forthcoming*)
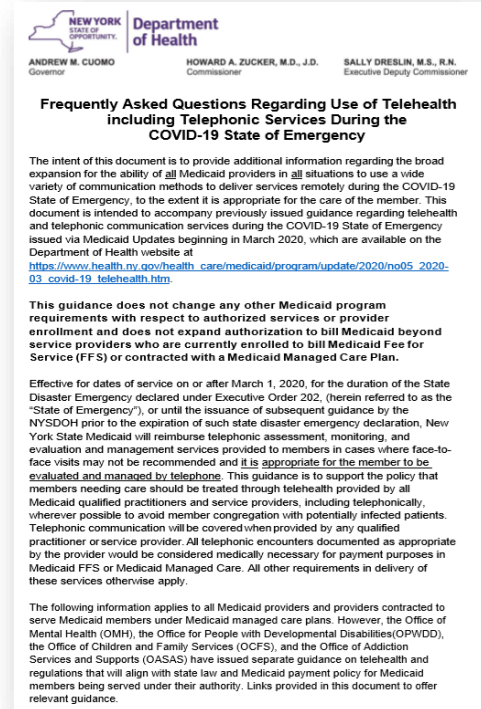
Get Involved: How You Can Help

Support New York's response. New York State is doing all it can to keep New Yorkers safe and stop the spread of COVID-19. But we're stronger if we all work together.

NYS COVID Get Involved How You Can Help

THE STATE IS TAKING MEASURES TO CREATE A RESERVE WORKFORCE

Seeking Qualified Health Professionals

Health, Mental Health, and Related Professionals

With your help, New York State is working to protect our residents and strengthen our public health system. We are looking for qualified health, mental health, and related professionals who are interested in supporting the state's response.

COMPLETE THE SURVEY

School of Public Health, School of Medicine, or School of Nursing Administrators

We appreciate your commitment to the health and safety of all New Yorkers and look forward to building on our partnership. We are looking for qualified individuals who are interested in supporting the state's response.

COMPLETE THE SURVEY

[NYS COVID Get Involved How You Can Help](#)

COVID-19 Treatment

- **FDA** issued an emergency use authorization to allow the use of these hydroxychloroquine or chloroquine in adolescents or adults hospitalized for COVID-19 when participation in clinical trials is not feasible

- **Multiple fronts**
  - **Hydroxychloroquine**
    - Limited clinical data, nevertheless some clinicians using
    - Possible drug toxicity
      - QTc prolongation (especially with those on other QTc prolonging agents, or who may be more susceptible)
      - American College of Cardiology has suggested QTc monitoring parameters
      - Other cardiac, retinal toxicity
    - Observational study
    - Randomized controlled trials
  - **Convalescent serum injections**
  - **Remdesivir**
    - Trials and compassionate use
  - **Other agents in clinical trials**

www.fda.gov/media/136534/download

https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19

CDC COVID-19 Treatment website

Presenters

CAPT Tim Uyeki, MD
Clinical Team Lead
COVID-19 Response
Centers for Disease Control and Prevention

Michael Bundesmann, MD, FCCP
Medical Director of Respiratory Therapy
Pulmonary and Critical Care Medicine, EvergreenHealth
Kirkland, WA

Waleed Alhazzani, MD, MSc, FRCPC
Associate Professor,
Department of Medicine, McMaster University

may also participate in this COCA Call by joining

[COCA's Facebook Live](#)

Webinar Link:

[COCA Webinar Link](#)

Dial In:
US: +1 669 254 5252
or +1 646 828 7666

[International numbers](#) ☐↗

iPhone one-tap:
+16692545252, 16133340

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

[COCA Call: April 2, 2020 – Clinical Management of Critically Ill Adults with COVID-19](#)

[COCA Call: March 27, 2020 – Underlying Medical Conditions and People at Higher Risk for the Coronavirus Disease 2019 (COVID-19)](#)

[COCA Call: March 25, 2020 – COVID-19 Update: Optimization Strategies for Healthcare Personal Protective Equipment (PPE)](#)

[COCA Call: March 17, 2020 – Coronavirus Disease 2019 (COVID-19) Update and Information for Long-term Care Facilities](#)

[COCA Call: Coronavirus Disease 2019 (COVID-19) Update and Infection Prevention and Control Recommendations, March 13 2020](#)

COVID-19 Resources

CDC COVID Website
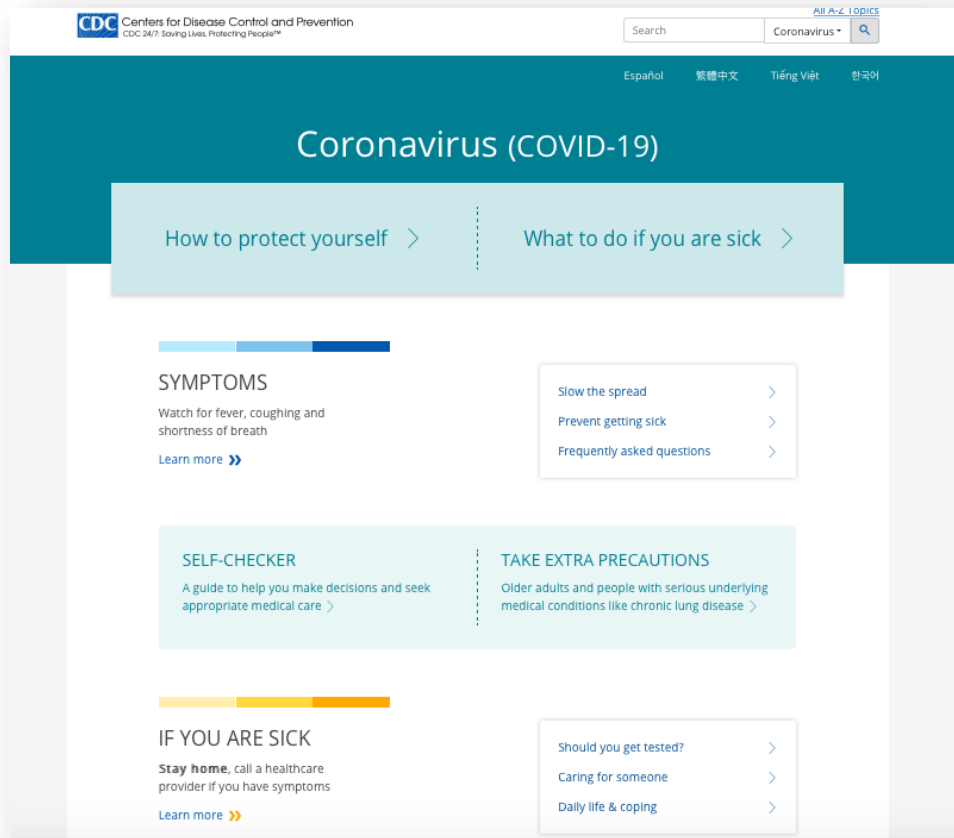
www.cdc.gov/coronavirus/2019-ncov/index.html

NYC DOHMH COVD-19 Webpage

Mental Health Resources

Office of Mental Health

Services   News   Government   Local

About OMH   Consumers & Families   Behavioral Health Providers   Employment

Guidance Documents

As defined in section 202-e of the State Administrative Procedure Act, a guidance document is any guideline, memorandum or similar document, prepared by an agency, that provides general information or guidance to assist regulated parties in complying with any statute, rule or other legal requirement. The term does not include documents that concern only the internal management of the agency, such as a policy that applies only to an OMH operated facility or program.

Current OMH Guidance Documents:

Guidance on COVID-19

- **OMH Psychiatric Center Visitor Restriction Guidance** (3/14/2020)
- **COVID-19 Guidance for Children's Waiver Service Providers** (3/14/2020)
- **DOH Medicaid Updates – Special Editions**
- **COVID-19 Guidance for Health Homes** (3/14/2020)
- **Provider Memo – Maintaining Continuity of Operations Plans and Reporting Disruptions in Services** (3/13/2020)
- **Guidance for NYS Behavioral Health Programs** (3/11/2020)
- **Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19**
- **Interim Guidance for Large Gatherings and Public Spaces During the COVID-19 Outbreak**
- **OMH Guidance for Managing Stress and Anxiety During the COVID-19 Outbreak**

COVID-19 Telemental Health Guidance

- **Supplemental Guidance – Use of Telehealth for People Served by OMH Licensed or Designated Programs Affected by the Disaster Emergency** (**REVISED** – 3/17/2020)
- **Self-Attestation of Compliance to Offer Telemental Health Services** (**REVISED** - 3/13/2020)
- **DOH Medicaid Update Special Edition: COVID-19 Telephonic Communication Services**
- **OASAS Telepractice Waiver Update**
- **Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in Facilities Certified or Operated by OPWDD**
- **Use of Telemental Health for People Affected by the Disaster Emergency** (3/11/2020)

Department of Health | Education Department

- For everyone
- For individuals receiving mental health services
- For parents
- For caregivers of older adults
- For mental health providers

March 16, 2020

NEW YORK STATE | Office of Mental Health

Feeling Stressed About Coronavirus (COVID-19)?

Managing Anxiety in an Anxiety-Provoking Situation

The outbreak of COVID-19 around the world has led to the spread of fear and panic for individuals and communities. In addition to following physical precautions guidelines, individuals should be taking care of their psychological well-being.

This guide includes tips for the following populations:

- For Everyone
- For Individuals Receiving Mental Health Services
- For Parents, Including Parents of Children with Pre-Existing Anxiety Disorders
- For Caregivers of Older Adults
- For Mental Health Providers

For Everyone:

- **Reduce anxiety by reducing risk.** Ways to reduce risk include practicing good hygiene (e.g.

Mental Health Resources

- **NYS Mental Health Helpline: 1-844-863-9314**

- The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling

NEW YORK STATE | Department of Health | Education Department

Medical Matters 2020

Sponsored by the **Medical Society of the State of New York**

Psychosocial Dimensions of Infectious Outbreaks

Live Webinar

Wednesday, April 1, 2020 @ 7:30am

Faculty: Craig Katz, MD
Educational Objectives:

- ◆ Understand common human reactions to infectious outbreaks
- ◆ Explore factors that influence how people react
- ◆ Describe how to apply historical lessons to your own medical practice

To register, please: Click Here

For more information, contact:
Melissa Hoffman at mhoffman@mssny.org or call (518) 465-8085

Funding provided by the New York State Department of Health

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
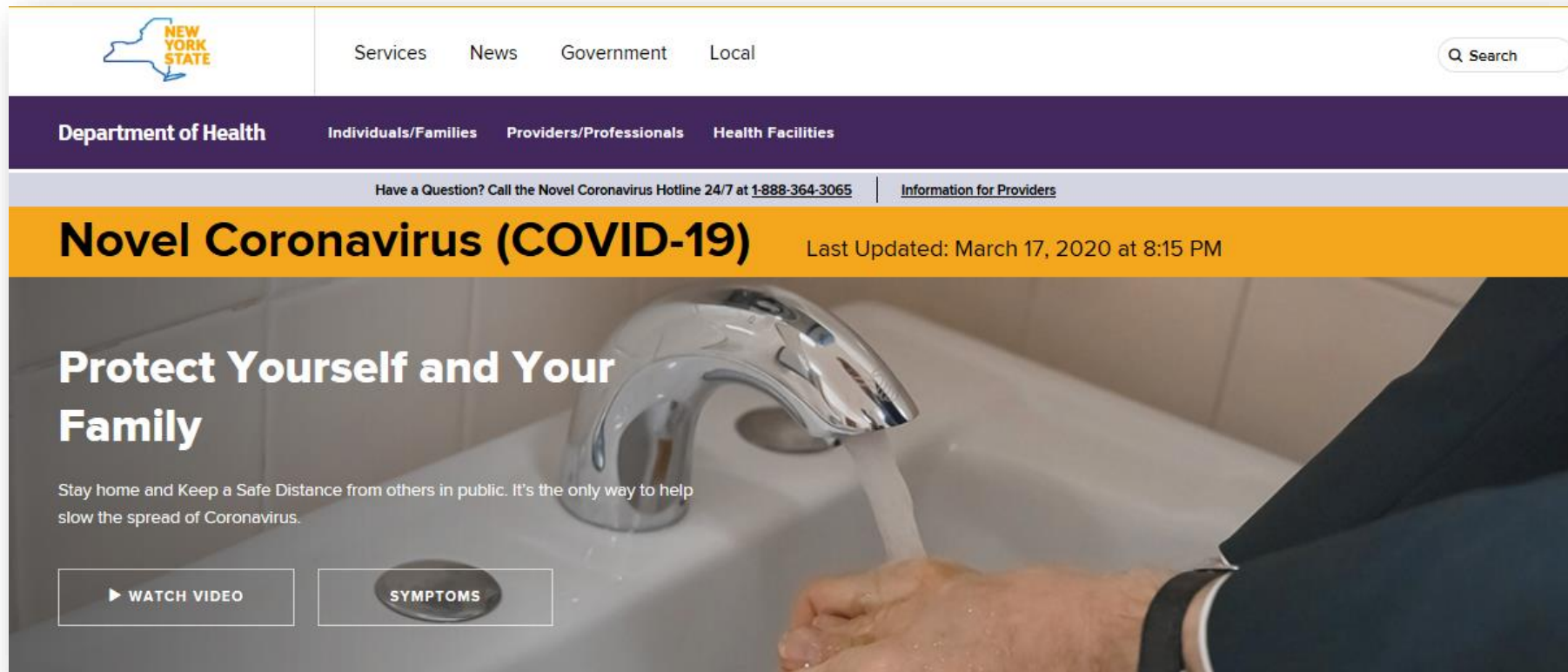
The Medical Society of the State of New York designates this live activity for a maximum of 1.0 *AMA PRA Category 1 credits™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NYSDOH COVID-19 Website

COUNTY-BY-COUNTY BREAKDOWN OF POSITIVE CASES AROUND NEW YORK STATE

Governor Cuomo confirmed 5,146 additional cases of novel coronavirus, bringing the statewide total to 30,811 confirmed cases in New York State.

VIEW CONFIRMED CASES

County	Cases
Erie	122
Essex	4
Franklin	1
Fulton	1
Genesee	2
Greene	4
Hamilton	2
Herkimer	5
Jefferson	2
Livingston	3
Madison	7
Monroe	118
Montgomery	4
Nassau	3,285
Niagara	12
New York City	17,856
Oneida	9
Onondaga	65
Ontario	9
Orange	638
Orleans	2
Oswego	2
Otsego	2
Putnam	84
Rensselaer	31
Rockland	968
Saratoga	64
Schenectady	55
Schoharie	2
St. Lawrence	1
Steuben	8
Suffolk	2,260
Sullivan	39
Tioga	1
Tompkins	16
Ulster	65
Warren	2
Washington	4
Wayne	7
Westchester	4,691
Wyoming	4
Total Number of Positive Cases	**30,811**

2/5/15

PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS

Mandatory and Precautionary Quarantine	Mass Gatherings	Healthcare Providers	Nursing Homes
Schools	Childcare Providers	Employees & Employers	Insurance
Voting	International Travel	Cyber Security	Price Gouging
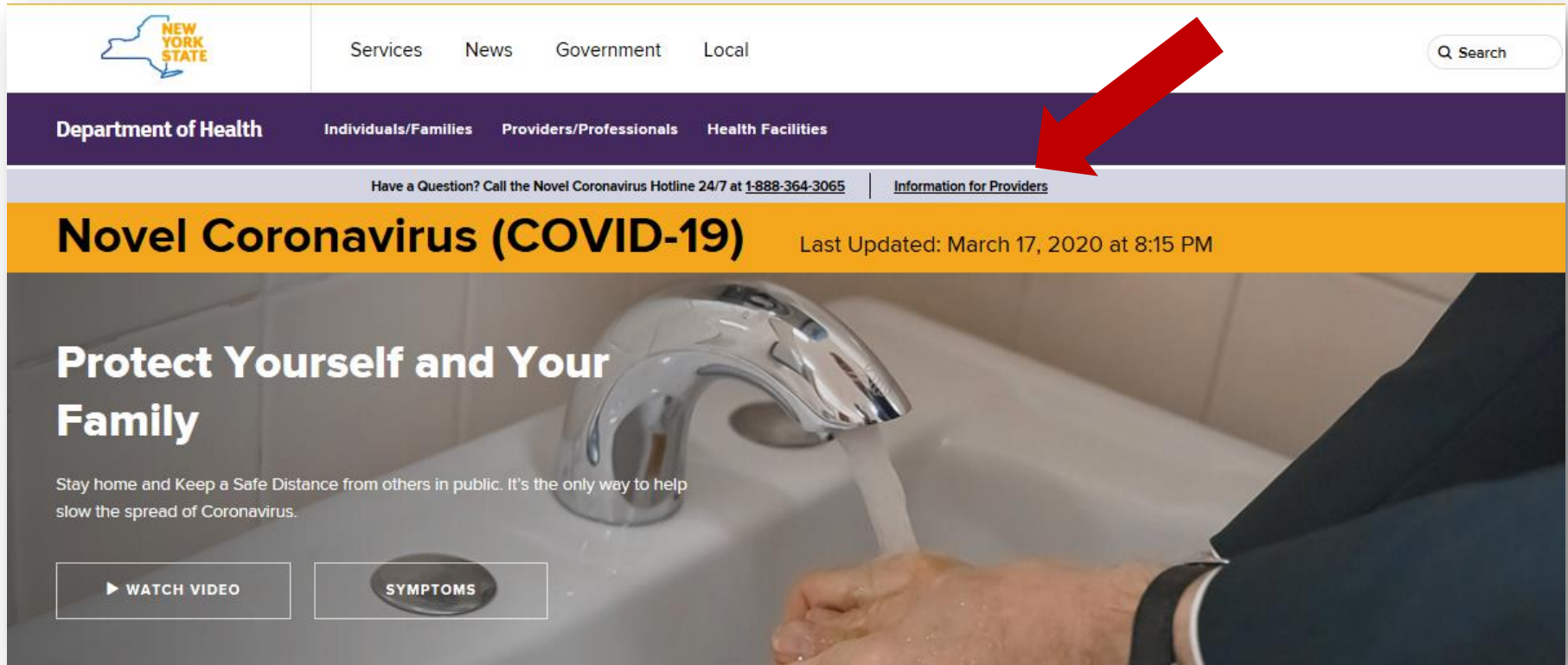
NEW YORK STATE | Department of Health

NYSDOH COVID-19 Website

Questions or Concerns

- Call the local health department www.health.ny.gov/contact/contact_information/

- In New York City: Notify the NYC DOHMH provider access line (PAL)
  - 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)

- Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at **518-473-4439** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends, and holidays

QUESTIONS ?

THANK YOU!